MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT AIR POLLUTION CONTROL 814 JEFFERSON AVENUE MEMPHIS, TN 38105



## MAJOR SOURCE OPERATING PERMIT APPLICATION CURRENT EMISSIONS REQUIREMENTS AND STATUS

|   |   |                     | CURRENT EMISSIONS RE   | EQUIREMENT | IS AND STATUS          |                                |                                     |  |
|---|---|---------------------|--|------------|------------------------|--------------------------------|-------------------------------------|--|
| 1. FAC  | FACILITY NAME:  |                     |  |            | EMISSION SOURCE NUMBER |                                |                                     |  |
| 3. DES  | SCRIBE THE PROCESS I  | EMISSION SOURCE/FUE | EL BURNING INSTALLATION/ INCINERATO  | DR.        |                        |                                |                                     |  |
| PAI<br>IS S   | ENTIFY IF ONLY A RT OF THE SOURCE BUBJECT TO THIS QUIREMENT | 5. POLLUTANT        | 6. APPLICABLE REQUIREMENT (S): TN POLLUTION CONTROL REGULATIO 40 CFR, PERMIT RESTRICTIONS, AIR QUALITY BASED STANDARDS | NS,        | 7. LIMITATION          | 8. MAXIMUM ACTUAL<br>EMISSIONS | 9. COMPLIANCE<br>STATUS<br>(IN/OUT) |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
| 10. OTHER APPLICABLE REQUIREMENTS (NEW REQUIREMENTS THAT APPLY TO THIS SOURCE DURING THE TERM OF THIS PERMIT) |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
|   |   |                     |  |            |                        |                                |                                     |  |
| 9. PAC  | GE NUMBER:  | ı                   | REVISION NUMBER:   |            | DA                     | ATE OF REVISION:               | 1                                   |  |
|   |   |                     |  |            |                        |                                |                                     |  |

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